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CASES OF  
POLYPUS OF THE WOMB.

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BY WALTER CHANNING, M.D.

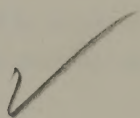
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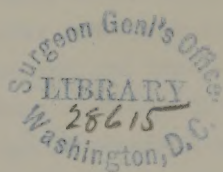




CASES  
OF  
POLYPUS OF THE WOMB,  
WITH REMARKS.



BY WALTER CHANNING, M.D.



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## POLYPUS OF THE WOMB.

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DEWEEES says, in one of his works on the diseases of females, or on midwifery, that he had never seen a case of uterine polypus. As he was in very large midwifery practice, and was consulted daily for female complaints, this statement seems to be a somewhat remarkable one; and but for his skill in diagnosis, showed in all his writings, one might be led to think that he had not discovered it when it existed.

Twenty-two cases have come under my notice, and in sixteen of which I have operated. In this enumeration are included four cases of poly-poid tumors. In it are some which were concealed, or out of reach. The greater number were extra-uterine. In all was this symptom—periodical hemorrhage, and hemorrhage at other times from accident. This flowing observing in some cases an exact periodicity, may and has led the physician astray from its cause, and has been allowed to continue for months and years, without suspicion of its true cause. It has been treated as *menorrhagia*, and, of course, without the least benefit. We may be deceived in another way. Much blood is lost, and frequently. Still the patient keeps along pretty well. There is paleness, excessive paleness. But there are not other symptoms of anæmia—the pink-colored veins—the absence of coagulated blood, or blood very feebly coagulated—the cerebral, the cardiac, the pulmonary lesions of function. At least much time may pass and anæmic symptoms be wanting. There may be great weakness, loss of appetite—loss of flesh, and yet the observer looks in vain for the signs of the graver disease. In polypus, the blood coagulates, and if retained, in very firm masses, and of a ring-shape, it may be, from the

mould, the space between the tumor and the womb, in which it is cast. It is of a dark color when thrown off under these circumstances. Sometimes the coagula are broken, shreddy, but showing firmness. There are pains characteristic of polypus. Especially is that forcing, bearing-down pain which accompanies menstruation. This may be unlike dysmenorrhœa, and the quantity and characters of the discharge are altogether different from that which characterizes painful menstruation.

Two forms under which polypus may exist were spoken of. And, first, of the *concealed*. Under this head I include cases in which the tumor is contained, and retained in the uterine cavity. In these the loss is often very great, and accompanied by uterine force not exceeded by the demands of labor at the full time, even when these are more than of average strength or necessity. Of this the following is an example.

CASE I.—Mrs. —, between 30 and 40. Has had but one child, a daughter, now between 11 and 12 years old. Is very fleshy, and of sufficient color of complexion. Was some months ago attacked with uterine hemorrhage during menstruation, for which there was no assignable cause. This recurred again and again, and at length uterine contractions came on, which were most distressing by their strength and continuance. Her physician examined her in the intervals of periods, but detected nothing unusual in the cervix or os uteri. No permanent relief was obtained by medicines. At length he examined during a period or just at its close, and found the os uteri open, and just within it a firm and insensible mass. He believed this was a polypus, and wrote for my advice. I recommended ergot of rye to be given during menstruation; and if the tumor protruded, and he should desire my services, I would with pleasure come and see the case with him. He gave ergot as suggested. Uterine force responded, and he found the tumor fairly protruding into the vagina. Upon reaching the address I discovered a cylindrical tumor lying nearly horizontally across the pelvis. It was large and firm. Its outward extremity



was against the hollow of the sacrum. I had never met with such a position of a polypus, and it was a question how a ligature could be passed round it. The following method was used. The canulæ were carried up in front of the tumor as far as they could go and as near as possible to the os uteri. One was kept in place there, while the other was slid along the tumor to its other end. It was now carried round this end, and slid back along the tumor till it was opposite the other. The ligature was thus passed round the tumor. The farther ends of the canulæ easily came down until they met, when the slide was passed up and the canulæ made one. The ligature was tightened, and the operation done. The ligature was drawn daily, and in four days the instrument came away. The tumor was removed, and it was found two and a half inches in diameter where it had been cut through. I am struck with the ease of describing an operation, when compared with doing it. We talk of "carrying up," and of "sliding along," as it were "as easy as lying." I have applied the ligature to polypi often, but in no case has the difficulty of doing it approached to that of this operation. Mrs. ——— recovered, notwithstanding a protracted dysentery which endangered life.

CASE II.—This occurred in the subject of the first. There was the same hemorrhage, the same pains at the menstrual period, the same exhaustion, and the same general ill health which accompanied that. It was first noticed between one and two years after the first. Upon examining this patient, a tumor presented which filled the vagina, as does the child's head in labor. It was perpendicular in its direction, and so could be treated after the common manner. The only embarrassments were in the size of the tumor, and its unequal surface. The first made it difficult to pass the canulæ to the upper part of the vagina, or end of the body of the tumor at the pedicle, and when this was done, great was the difficulty in passing the moveable canula round the tumor to meet the stationary one. This was accomplished, and the ligature drawn tight. It was tightened daily, and after many days came off. The tumor re-

quired instruments for its removal. During her convalescence Mrs. ——— was seized with pleurisy of intense violence, and died. The left chest was found filled with pus and serum, and the ordinary lesions of the organ diseased. The womb was carefully examined. It was large, evidently from hypertrophy. The places formerly occupied by the polypi were distinctly visible, but as perfectly smooth, and of as natural appearance as the rest of the cavity. From the fundus—(the other polypi rose from the body)—from the fundus hung a very small polypus, its pedicle about three fourths of an inch long, and the mass appended to it the size of a small cherry. It was perfect in all its characters, and but for death would have grown, and from its situation would in its growth and weight have probably drawn down the fundus, and have inverted the womb. For the privilege of seeing these interesting cases I am indebted to my friend Dr. Stevens, of South Reading, to whom I owe like acknowledgments for an opportunity to see the same disease under quite a different form.

CASE III.—This was another instance in which polypus appeared twice in the same individual. The patient was unmarried, and was suffering the usual symptoms of the disease. Examination discovered polypus. This was some time after removal by ligature of the first tumor. These operations were done by my friend Dr. J. M. Warren, who has reported them in the Transactions of the Boston Society for Medical Improvement.

CASE IV.—This was a case of *concealed* polypus. Mrs. ———, between 20 and 30, had always excellent health, not the least disturbance of menstruation. She became pregnant, and went her full time and was delivered without accident. Some weeks after confinement she was, without known cause, seized with profuse uterine hemorrhage. This recurred, and her physician, Dr. York, of South Boston, made a very careful examination of the womb. The os uteri was patulous, and at length admitted the finger, and in the cavity of the womb he discovered a tumor. It was firm and insensible.

Dr. York desired me to see the patient with him, which I did with pleasure, and examination confirmed his diagnosis. The polypus was an inch in diameter, and was long and cylindrical. I had taken with me the polypus canulæ, and at Dr. Y.'s request proceeded to apply with them a ligature. It was not easy to do this. The polypus almost or quite filled the cavity, leaving little room to use the finger as a guide. The ligature was passed round the tumor, and drawn very tight. It cut fairly through the mass, and brought away with it a circular bit, not more than a quarter of an inch thick at its centre, and going off to a thin edge—in short, a thin portion of the end of the polypus. There was no hemorrhage at the time, and none afterwards. The polypus entirely disappeared, and the health of Mrs. ——— was soon and satisfactorily restored. The *early examination* by the attending physician, and his *accurate* diagnosis, were of exceeding importance in regard to the result of this case, for already this patient exhibited the alarming signs of dangerous uterine hemorrhage, and might have irrecoverably sunken had not the true nature of the disease been discovered.

While writing, I have been consulted in a case of very alarming uterine hemorrhage in ———, Ohio. Examination has not detected any such uterine lesion as explains the hemorrhage. The patient was about five months pregnant, and aborted without known cause. Hemorrhage soon followed, and had continued to the present time. In my answer to the letter containing these facts, I suggested that concealed polypus might exist in the uterine cavity and cause the flowing.

In consulting Gooch on another point, I find a case in which “for nearly two years the patient had been subject to long and profuse menstrual periods. Fifteen months ago the uterus had been examined by an eminent practitioner, who discovered nothing but that it was larger than natural. About five months ago, during expulsive pains, a tumor had descended into the vagina, and now was so large as to fill the pelvis, and occasion a retention of urine, which required the frequent introduction of the catheter.” Here was a case of *concealed polypus*, which very nearly resembles those



I have above given, and which last were alluded to in my answer referred to.

CASE V.—This has a story. Two patients were taken in labor the same day. I agreed to attend them both. They lived wide apart, one south and the other north, but a carriage in constant attendance enabled me to see them as often as was needed. Late at night, the case at the south had at my last visit so rapidly advanced that I could not leave. The child was born. The afterbirth did not appear. After waiting the usual time, the hand was introduced along the cord, and the placenta raised. I was surprised to find that a mass of some size still remained attached to the womb. An effort was made to detach it, but I soon saw nothing was to be done in that way, and contented myself with the removal of the afterbirth, which was perfectly natural. What was this growth? It had no malignant characters, certainly had betrayed none before pregnancy, nor after delivery. There was not a sign of polypus about it. There had never been hemorrhage, nor menorrhagic pain in its usual seats. Mrs. ——— had always had rugged health. I concluded, and stated this opinion to my class, that an arrest had occurred of processes in uterine development, which result in the formation of a single cavity, and that the mass I felt might have been a portion of the original partition by which the womb was left somewhat in the state of being partially double. I could reach no other solution of the fact, and left it where it was. As soon as the case was over, I drove north, but found the crisis of the case had arrived about the same hour as did that of the south, when a neighbor doctor had been called in, and the case successfully completed. The day's—the whole day's work, the night being the longest half of it, was now done, and I drove home, which was midway of the extremes of my elaborate practice. I heard nothing more of these patients, who were left perfectly well, till I was called again to the patient whom I *did not* attend, who was again safely confined. Not long after, for such is my memory, I heard that the case which I *did* attend was dead. I was told



that she was taken in labor, and sent for the physician she had engaged to attend her, who found an arm was the presenting part ; failing to return it, he sent for a physician in consultation. It was agreed to turn the child. The turning was accomplished. Death followed, and upon opening the body the womb was found ruptured, and a polypus attached to the organ. At least I was told it was considered a polypus. By a somewhat singular coincidence, the patient I visited with the one who died after delivery, not long since was seized with excessive menstrual periods. Being greatly reduced, she sent for me. I detected a polypus reaching from the os uteri almost to the external orifice. It was successfully removed, and the case will follow.

CASE VI.—This was an instance of partially concealed polypus. My friend Dr. Morrill called me to see his case, and I may remember it more distinctly from its association with many, many other exceedingly interesting cases which have occurred in the practice of this gentleman, and which I have attended with him. The usual symptoms of polypus were strongly marked in this case ; profuse menstrual periods and intercalary losses from over-exertion, &c. Her appearance showed no functional disturbance ; the whole trouble being directly the product of simple excessive hemorrhage. Dr. M. examined the vagina. He felt something unusual at the os uteri, and desired me to see his patient with him. I did so, and by the speculum discovered a tumor projecting slightly from the os, which last having with the cervix become very thin by the pressure, embraced the rounded end of the polypus, which it was, as does the prepuce the glans in an intense form of phimosis. A small probe was with great difficulty forced between the tumor and the neck. It was agreed that Mrs. ——— should take ergot, and when the tumor came within reach, that I should apply round it a ligature. The ergot was given, and the tumor was forced by it more than an inch out of the womb. It was about an inch in diameter. The ligature was applied. Hemorrhage ceased the moment this was done, as it always does. The canulæ in a few days came away,

the polypus following it, and convalescence and perfect recovery without accident ensued.

CASE VII.—This occurred in a young unmarried girl, aged 18. She was of exceeding fair complexion, with the lightest colored hair, and eyes in harmony. Nothing could exceed the whiteness of the skin, under the hemorrhages which accompanied her disease. It was like the most brilliant marble. The disease was at once diagnosed, and a ligature applied. In a few days the tumor dropped off, and recovery soon followed. The polypus differed from any I have seen either before or since. It was very firm, somewhat rough on its surface, but as white as snow.

CASE VIII.—This had existed between three and four years before it was diagnosed by Dr. ———, of ———, a few miles from town. It had been mistaken for disease of the liver—an organ which has many pathological sins to answer for, which in truth do no more belong to it than to the thymus gland. The skin had got that tawney, yellow, dirty tone of color, which chronic disease, with or without hemorrhage, so often, so generally produces. How strongly does it mark organic, malignant disease, especially in the female! The indications in Mrs. ———'s case were alteratives, astringents and tonics. The most regard would seem to have been paid to the latter, and carriage exercise most insisted upon. This did not, however, at all diminish the flow. The patient *rather thought* it increased it, and I should not wonder if it did. In the absence or illness of this lady's regular attendant, Dr. ——— was called in. He found her exceedingly ill. She was exanguious—emaciated—too feeble to leave her bed. I was desired to meet him in consultation, which I did. The polypus was found reaching almost to the external organs. By the speculum it exhibited a dirty grey hue, and was of a flabby texture. An offensive, thick, dark-colored discharge accompanied the use of the speculum. It was agreed that the ligature should be applied. This was done in a day or two. In about five days the canulæ came away, *having*

*attached to it the tumor.* The ligature was in place, and as tightly drawn as it could be. The pedicle had separated at its base, about half an inch above the ligature. This is the only instance in which this has occurred, and verifies a remark made by Gooch, that it matters not where is the ligature. All above it dies and is cast off, as is the umbilical cord, no matter how far from the abdomen it has been tied. Case IV. furnishes evidence to the same effect. A practical remark might be hazarded here. Case VII. shows how exceedingly important is manual examination in profuse menstrual periods—and, let me add, during a period; for at such the uterine contractions which accompany the periods often bring a polypus within reach, and the patulous or relaxed state of cervix and os will aid exploration.

Two cases, and but two, have occurred in my experience, in which pain followed the ligature.

CASE IX.—Mrs. ———, married, without children, had suffered long profuse flowing at menstrual periods, and growing very feeble sent for her physician, my friend Dr. Homans. Examination discovered a tumor protruding from the os uteri. I was asked to see Mrs. ———, and confirmed the diagnosis previously made. The tumor was hard, insensible and smooth. It was more flattened than I had found such masses, had a broader base, and resembled somewhat in shape the inverted womb. A ligature was applied, and tightly drawn. This gave pain. It was not severe, and it was agreed not to loosen the ligature, but to wait in order to ascertain if the pain would continue, increase or subside. It gradually became less, and at length entirely went off. The tumor came off in about a week, and the patient soon recovered. As the base was large, no distinct pedicle having been felt, the ligature was probably applied very near to its base, or the womb, and in this way the pressure upon the polypus reached a portion of the womb, or by dragging it produced the pain.

CASE X.—This was referred to when reporting two cases of labor which happened at the same time. Mrs. ——— observed the menstrual periods increasing in quantity without any special cause, unless it were her occupation of standing at the counter of her shop many hours each day, and for some time. This last fact led her to think that her trouble did not depend upon her daily business, which induced her to call on me for advice. I prescribed, directed her to favor herself in regard to fatigue, not to stand so much, and if she did not get better, to call on me again soon. Some time passed before I saw or heard from her again; and examination now discovered a polypus quite low in the vagina—a tumor cylindrical in shape, and insensible. Its length was unusual at this my first examination, and it is noted because at no subsequent time was it felt so low. It evidently had receded. Dr. Putnam was present when I applied the ligature. It was carried up to the os, and there fixed, and tightly drawn. Some uneasiness followed at once, and a pain of some severity was complained of in the right groin, above Poupart's ligament, extending into the iliac fossa. As she had felt similar pains in the same spots, and she thinking it would soon disappear, the ligature was left in place, and we departed. I had been at home but a short time when I was suddenly called to my patient. I found her in great distress. She was cold—the pulse scarcely perceptible—retching—and in her agony imploring relief. The ligature was at once loosened and removed. This was followed by partial relief, which in no long time became perfect. I had been present in three cases of chronic inversion of the womb, and for the cure of which the ligature had been used. In all of these precisely the same symptoms in kind and in degree existed, as characterized Mrs. ———'s case. I had no doubt of the accuracy of the diagnosis. I felt certain it was polypus. As its shape was cylindrical, and its base probably broad, it was possible that the ligature trenched upon, if it did not include, a portion of the womb. A few days after, the ligature was again used, and lower down than in the first effort. Not the slightest trouble ensued, and on the fourth day the canulæ and tumor were cast off.



How different was this from the cases of inversion. Every time the ligature was tightened, so much pain occurred that opium, ether, or loosening it, became necessary, to prevent wider and graver trouble. The shock to the nervous system declared itself every time the ligature was drawn, and this until the tumor was ready to drop off. The mass was so thick and dense that attempts to strangulate it were futile, and the only safety was in adopting pressure to tolerance. And this course was successful.

CASE XI.—This came under my care a few weeks ago. Mrs. ———, 41 years of age, of Providence, R. I. Her first and only child is 22 years old. Mrs. ——— dates her trouble nine years ago. It began with excessive flowing at her menstrual periods. In its progress pain was felt in the pelvis—a bearing-down pain. As the disease increased, motion became more and more embarrassed, and sitting was accompanied with a sense of pressure upward, as if the diseased part, whatever it might be, came down when erect, and was reached by pressure when the sitting posture was assumed. At a later period, and when the patient had ascertained that the pelvis was filled with a tumor, a new difficulty arose. The blood accumulated above and around the mass in consequence of its coagulation, and produced an intolerable sense of pressure. The only remedy for this was its forcible removal, which the patient accomplished, at least to a degree to produce some relief. Physicians were consulted. One recently made an examination, and pronounced it *inversio uteri*, and declined doing anything. Another was consulted, who from the rational signs said it was not inversion, but polypus. He made no special examination. Another regarded it as an obscure disease, and treated it for its symptoms. It has been attempted to get a more detailed account of a case which for so many years has truly afflicted this patient. But the attempt has failed. Physicians have been called when some pressing symptom occurred. Disease has been tolerated, because no improvement, or at all permanent good, has been derived from any plan adopted. The patient has slowly but surely grown worse,

with little hope of ever being better. Mr. ——— called on me and gave the above facts, and asked if it seemed to me that anything might be done to afford relief. An opinion was given that the disease was most probably polypus of the womb; and if so, I saw no reason why it might not be remedied. He desired me to come to Providence at an early day, and to examine the case, and do what I might think best. I requested him to engage a physician to meet me—as his family physician was absent—under whose care the patient might be placed after the operation. My friend Dr. Putnam, who has kindly assisted me in almost every operation I have performed, agreed to go with me. We reached the address, and were soon joined by Dr. L. L. Miller, of Providence, than whom a better selection could not have been made. Mrs. ——— was in bed, very much agitated by our visit and its purpose. She was pale—exanguious—the face full, œdematous. Pulse rapid, small—chilly. Examination discovered a large firm tumor filling the vagina, and making the operation very painful. The upper boundary of the tumor was reached, and was found so near to the cul-de-sac as to make it very difficult to pass a finger between them. As this line or face of the tumor was nearly horizontal, and broad, a very imperfect notion was obtained of the size of the pedicle, or of the condition of the os uteri. It was clear that the pedicle was not large—not more, probably, than an inch in diameter. Drs. Miller and Putnam came to pretty much the same conclusion. Very little blood was lost in the examination, consisting mainly of shreddy black coagula, which had probably been retained about the tumor for some time. What other discharge occurred was of a pale pink-colored serum, or water. A ligature was passed round the pedicle with Gooch's canulæ, and was drawn as tight as circumstances allowed. From the description of the tumor it will be perceived that more than usual force was required to bring the noose in close and strong contact with the pedicle. There was not the least difficulty in any step of the operation. Dr. Miller suggested a method of fastening the ligature after drawing it, which answered admirably. It was to pass one end through one of the rings at the shoulder of one

of the canulæ, and to fasten it there by tying it ; and then to draw the loop round the pedicle by drawing tightly the other and loose end of the ligature first passed through the ring of the other shoulder. In this way all chance of slipping is avoided, and the subsequent daily drawing of the ligature is made just half easier, and twice as effectual, than by the common method. Some pain accompanied the tightening the ligature. It was slight, and soon became less, when we left. A few days after, the following communication was made to me in a letter from Dr. Miller :—

“ On visiting Mrs. ——— the next day, she had passed a comfortable night, with a little pain in the lower limbs, none in the abdomen. Tightened the ligature half an inch. Sunday, much as yesterday. Tightened half an inch. Monday, has chills and headache ; pulse accelerated ; no special pain or soreness in abdomen. Gave her morphine. Tightened quarter of an inch. Tuesday, nausea ; thirst ; pulse as yesterday. Speaks of general debility. Ligature does not render. Wednesday, less headache ; other symptoms less. Ligature came off, and the tumor was removed with as little mutilation as possible. Mrs. ——— is comfortable.”\*

As I was to hear if any untoward symptom occurred in this case, and as I have heard of none, I feel at liberty to place it among the successful cases. It dates from 1846. At least at that time its symptoms were so strongly declared as to attract the attention of the patient. They steadily increased till January, 1855, and had already become grave enough to produce alarm. Does not such a case teach the paramount duty of the medical attendant to make such an examination as will settle a question in which the patient has the deepest interest ?

CASE XII.—The patient was a single lady of about 50, and for some time had had symptoms of polypus. An examination was

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\* I received with the above the tumor itself, and it was found to measure ten inches in circumference and five inches in length. It was not weighed. It had shrunken since the application of the ligature, and had softened, so as to differ much in respect to size from its dimensions when first examined, on the day of the operation.

made, and a polypous tumor discovered. I applied a ligature, and in about a week the tumor came off. The recovery was rapid, and without subsequent accident.

CASE XIII.—I was desired to see this case in consultation, in consequence of severe and frequently-recurring uterine hemorrhages. For the most part they occurred at the menstrual periods, and as pain frequently accompanied them, and much coagulated blood was discharged, they were sometimes regarded as abortions. When I reached the address, the attending physician said to me that the hemorrhage had nearly ceased, and suggested that it might be better to wait till it was quite over, when an examination might be made. I at once assented to this proposition, and did not again see the patient till some time after, when I applied a ligature to a polypus which had been discovered. The operation was perfectly successful.

There is a polypoid out-growth from the os uteri, of which a number have come under my notice, which is less likely to be discovered than the preceding. And for this reason they are not always accompanied by hemorrhage. It would be more correct to say they are very rarely accompanied by it. I have met with but two such, while many have had none at all. This symptom has in common polypus occurred during menstruation. These tumors are for the most part small—little more than filling, or moderately distending the os uteri; sometimes growing from one of the lips. Their color is deep red; their tissue soft, easily broken down, looking as if they would bleed with slight handling. They are painless. Sometimes enlargement and hardness of the cervix are present, and ulceration. This last I have not seen strongly marked. Along with these characteristics of the out-growths themselves, we have symptoms incident to other uterine conditions, whether of displacement, or functional or organic lesion. Thus we see retroversion and anteversion, rarely simple prolapse. I have seen the os turned so strongly towards the sacrum as to prevent the tumor being seen, the anterior lip being also morbidly elongated and bent back.



In this Case there was large menorrhagia with hemorrhage, and such was the attending pain that abortion was so exactly imitated as to lead to the opinion that abortion actually took place. In another Case the polypoid was large, and hemorrhage severe. It had existed a good while before it was discovered. In this a ligature was applied with entire success. In a third Case the tumor has returned after removal by caustic. It was broken down and twisted off the second time, the result of which I have not learned. In a fourth Case the tumor was very large, for one of this kind, arising from a broad base. This was accompanied by ulceration. It was removed by caustic, as was the ulcer, and the organ restored to perfect health. I have not met with a case in which I so much feared malignant disease, which has more completely recovered. There was complicated with it an out-growth from the meatus urinaris of a more painful kind; while the rectum and anus were studded with insensible, small tumors, which were removed by ligature or scissors. In a fifth Case the tumor was smaller. There was ulceration, but very slight menstruation. The general health, as in most similar cases, was perfectly good. Pregnancy had not occurred, and this was the fact in other instances. One had only one child. The tumor in the fifth Case was removed by ligature, argent. nit. being applied immediately after. Ulceration followed, which did not yield till several months after.

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#### REMARKS.

*Polypus is not a malignant disease.* I have a confused remembrance of a case of supposed polypus which ended fatally, and I think by peritonitis. This patient had a most unpromising appearance, was exceedingly ill, and the ligature was applied to an out-growth from the womb to which was ascribed her almost hopeless condition. In a case of out-growth *from* the os uteri, not *through* it, which was very large, irregular, sensitive, and attended with a watery discharge, at the earnest entreaty of the patient I applied a

ligature. I have never met with an instance of such intense desire to live. Mrs. ——— was willing to submit to anything which promised her any chance of lengthened life. “I have,” said she, “consulted many physicians. They have all refused to do anything for me. Can you—are you willing—have you the heart”—her very words—“to do an operation to lengthen life, which operation may itself be fatal?” I was leaning upon the footboard of her bedstead, when she made to me this appeal. I shall never forget the expression of her eye, of her whole face, while she was speaking. I said I felt equal to my professional obligations—that I should not shrink from what duty demanded. An examination followed, and the extent and character of the disease ascertained, as above described. A ligature was applied, Dr. Putnam aiding me. It was tightly drawn. “Have you pain?” “Do not ask, only go on, and do all which is demanded,” was the quick answer. Mrs. ——— became easy, and the next day the ligature was again drawn, and again with intense pain, and again and again was it done. One morning as I entered the chamber I saw her suddenly put something under the bed-clothes, looking at the same time very animated and pleased. I asked the cause. She showed me the canulæ, which had come off, and which she was rubbing when I entered. She had made them perfectly bright. I asked how they came off, as I left them the day before firmly fixed. “In turning suddenly in bed, the instrument got entangled among the clothes, and in too much haste I disengaged and tore it at the same time from the tumor.” “Where is the tumor?” “Nothing,” she said, “had come away but a few shreds with the string.” Upon examination, no tumor could be discovered. The vagina was perfectly empty. A small conical or thumb-shaped body was felt at the farthest part of the vagina, springing from the womb, and from which the ligature had been torn. Everywhere else smooth soft tissue could alone be detected. It seemed hardly possible that in so few days a tumor so large, so solid, broken as it was by deep sulci into strange shapes, could have been gathered as into one mass, and all of it so completely removed except the small portion just mentioned.

It was not possible to get a ligature round this. Injections were directed, which it was hoped might have repressed its growth. Cauterization, actual and potential, had not then taken its place, whether for weal or for woe, as an every-day routinery, in the hands of everybody, however skilful or however the opposite. Mrs. ——— rose from her bed, left her chamber, her house, the town. She felt well, and visited distant places and friends. For some time there was no evidence of a return of the tumor. I was again called to see her. The tumor had returned—filled the vagina again—the system had yielded to its power, and she who had with such moral force done so much to live, was now willing to die, and death soon came to end a weary and suffering life. “This was not polypus.” Certainly not, Sir. In some of its features it resembled cauliflower excrescence; but that disease, as far as I have seen it, has been insensible, and this was very sensible. But it entirely disappeared under the use of the ligature, except the small point from which the string was torn. It returned. This is true of cauliflower excrescence; and it was fatal, as is that. I have placed it here for diagnosis. The result will not deter me from repeating the same operation, with such subsequent measures as may make permanent what seems a cure.

Does polypus recur? Two instances have been given in which it did recur. Gooch says it does not return—but that what remains is absorbed or thrown off in a solid or semi-liquid way. This is true; and it is also true that the tumor *does not return in the same spot from which one has been removed*. But it may appear elsewhere. The examination of Dr. Stevens’s case after death is conclusive on this point. I know no instance of a more important examination, so far as the determination of a pathological fact is concerned. The places from which *two* tumors had sprung were clearly visible, and a third tumor had already begun its growth at quite a distant point from these. It was in miniature, but its likeness to others was perfect. Dr. J. Mason Warren has met with a recurrence of polypus in the same patient. I feel very much obliged to this eminent surgeon for the following facts concerning that case. “The patient

was 34 years old, unmarried. The disease commenced by hemorrhage after a fall against a stone step, which confined her to bed for some months. An examination was made, and a polypous tumor was discovered projecting from the os uteri. At the time of the operation she was so exhausted by the loss of blood as to make it unsafe to place her in an erect posture. After the application of the ligature her recovery was rapid, and she remained well for four years, to the time you saw her with me—or rather until six months previously to the recurrence of the same symptoms as before—namely, hemorrhage at the menstrual periods, severe pains, and bearing-down sensations in the back and loins, and which seemed to indicate a return of the disease. The last operation I believe produced a radical cure. At least I suppose so, as I have not heard from the patient since.”

I have made a division of polypi into *concealed*, and *extra-uterine*. I think this is an important division. Gooch mentions a case in which more than two years passed of hemorrhage and pain before the disease declared itself at all—at least only by the womb being *larger* than natural. At length violent uterine contractions occurred, and a tumor filling the vagina was forced out of the womb. A most accomplished practitioner had made examinations, but never discovered a tumor. I am at this moment in consultation with a physician in Ohio, before referred to, concerning a case nearly resembling some cases described in this paper, and particularly Gooch’s. I have advised ergot at the catamenial period, which may aid in settling the diagnosis—especially as there is *bearing-down* pain during the periods. Ergot here can do no harm. On the contrary, it often tends directly to check uterine and *other* hemorrhages.

*Pain on drawing the ligature.*—In two cases pain was complained of. In a third it was stated to be present after it was inquired about. In only one was it alarming—so severe as to lead to loosening and removing the ligature. I allude to this subject again, because of its practical bearings. In two cases, which pretty re-



cently occurred in neighboring cities, polypus was complicated with inverted womb—in fact, produced the inversion. The ligature was applied as for simple polypus. Most severe pain followed. The ligature was loosened, but not removed. At length one of the tumors dropped off. In the other Case, the operation was completed by the knife. The patients did well. In the cases of pain following the ligature in this paper, no inversion existed. In the most serious one, a second application of the ligature was successful.

*24 Bulfinch St., Boston, February 20, 1855.*





